

Case Number:	CM15-0043924		
Date Assigned:	04/17/2015	Date of Injury:	06/30/1986
Decision Date:	07/09/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male who sustained an industrial injury on 06/30/86. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include bilateral hip and low back pain, as well as difficulty sleeping. Current diagnoses include hi pain and lumbago. In a progress note dated 12/178/14 the treating provider reports the plan of care as right total hip arthroplasty, and continued unspecified medications. The requested treatments are Fenoprofen, omeprazole, ondansetron, cyclobenzaprine, and eszopicione.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fenoprofen Calcium 400mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications page(s): 22, 60.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for FENOPROFEN CALCIUM 400MG #120. RFA is dated on 01/21/15. Per 01/03/15 progress report, Fenopropfen calcium, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol and Eszopiclone are prescribed. Regarding work statue, the treater states that the patient remains off work. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." NSAIDs are effective for chronic LBP, MTUS also states. In this case, none of the reports mention how long the patient has been utilizing this medication and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Omeprazole 20mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs), GI Symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk page(s): 69.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for OMEPRAZOLE 20MG #120. RFA is dated on 01/21/15. Per 01/03/15 progress report, Fenopropfen calcium, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol and Eszopiclone are prescribed. The 01/03/15 progress report indicates that "the patient has a history of some epigastric pain and stomach upset while using NSAIDs in the past for chronic pain." Regarding work statue, the treater states that the patient remains off work. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the review of the reports does show that the patient has been on Naproxen. The treater would like the patient to be on Omeprazole with Naproxen "in order to protect stomach and to prevent any GI complications from taking Naproxen." The treater does not provide a GI risk assessment to show a need for prophylactic use of a PPI. However, given the patient's need for NSAIDs for pain control, with GI side effects, the use of PPI is an option per MTUS. The request IS medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Anti-emetics (for opioid nausea).

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for ONDANSETRON 8MG #30. RFA is dated on 01/21/15. Per 01/03/15 progress report, Fenopropfen calcium, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol and Eszopiclone are prescribed. Regarding work status, the treater states that the patient remains off work. The MTUS and ACOEM guidelines do not mention Ondansetron. ODG guidelines have the following regarding anti-emetics: "ODG Guidelines, Pain (Chronic) chapter, Anti-emetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." In this case, the treater requested "Ondansetron for nausea associated with the headaches that are present with chronic cervical spine." Given the lack of support from the guidelines for the use of this medication for nausea associated with chronic pain, the request IS NOT medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299 and 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120. RFA is dated on 01/21/15. Per 01/03/15 progress report, Fenopropfen calcium, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol and Eszopiclone are prescribed. Regarding work status, the treater states that the patient remains off work. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the utilization review letter on 02/10/15 indicates that the patient stated utilizing Cyclobenzaprine prior to 09/30/14. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare ups. The request IS NOT medically necessary.

Eszopiclone 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter, Eszopicolone (Lunesta).

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for ESZOPICLONE 1MG #30. RFA is dated on 01/21/15. Per 01/03/15 progress report, Fenoprofen calcium, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol and Eszopiclone are prescribed. Per 10/29/14 progress report, the patient is unable to sleep due to the pain. Regarding work status, the treater states that the patient remains off work. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." In this case, while the patient suffers from insomnia with chronic pain condition, there is no indication how long this patient has been on Lunesta and how effective this medication has been in managing insomnia. More importantly, ODG does not support a long-term use of this medication, limiting its use to 2-3 weeks only. The request IS NOT medically necessary.